



CANNON BUILDING  
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF PROFESSIONAL LAND SURVEYORS

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## APPLICATION FOR LAND SURVEYING CERTIFICATE OF AUTHORIZATION

### Instructions

File this application when a land surveying corporation/partnership provides, or offers to provide, land surveying services in Delaware. To apply,

- ☐ Submit completed, signed and notarized [application form](#).
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Enclose copy of State of Delaware [business license](#) issued by the Division of Revenue.
- ☐ Arrange for each designated professional-in-charge to sign and seal an *Acknowledgment of Professional in Charge*.

### TYPE OF APPLICATION

Check one:

- ☐ This is an *initial* application for a land surveying business.
- ☐ This is a new application for an existing, licensed land surveying business due to change of ownership. If approved, a new license number will be issued.
  - Name of business as it appears on the current license: \_\_\_\_\_
  - Professional license number from current license: S8- \_\_\_\_\_
- ☐ This is a re-application for a certificate of authorization that lapsed and is no longer renewable. If approved, a new license number will be issued.
  - Name of business as it appeared on the lapsed license: \_\_\_\_\_
  - Professional license number from lapsed license: S8- \_\_\_\_\_

### CONTACT AND LOCATION INFORMATION

1. Business Name: \_\_\_\_\_

2. Address of **Physical Location** of Main Office: \_\_\_\_\_  
Street (no PO Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Email: \_\_\_\_\_

5. **Mailing Address** of Main Office (if different): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. If the address you entered in Question 2 is not in Delaware, does business have any Delaware locations? Yes ☐ No ☐ If yes, enter the following information about each Delaware location:

_____	_____	<u>DE</u>
Street	City	Zip
_____	_____	<u>DE</u>
Street	City	Zip
_____	_____	<u>DE</u>
Street	City	Zip

7. Does the business have a Delaware business license? Yes ☐ No ☐ If yes, submit a copy of the Delaware Division of Revenue Business License.

8. Federal EIN: \_\_\_\_\_

### OWNERSHIP INFORMATION

9. The owner of this business is a (check one): ☐ Corporation ☐ Partnership

10. Enter state where incorporated or registered: \_\_\_\_\_

11. Enter the following information about all corporate officers, board members, principals, and partners.

NAME	POSITION	ADDRESS

**You may attach a list instead of completing the table. The list must include the same information.**

### DISCLOSURES

12. Has this business operated in Delaware without a valid Certification of Authorization after July 6, 2009 (date of enactment of legislation requiring Certificate of Authorization)? Yes ☐ No ☐ **If yes, attach an explanation.**
13. Do all personnel of this business who practice land surveying in Delaware hold a current Delaware Professional Land Surveyor license? Yes ☐ No ☐ **If no, attach an explanation.**

### PROFESSIONAL IN CHARGE INFORMATION

14. List name(s) of any person who is in responsible charge of the practice of land surveying in Delaware on behalf of this partnership or corporation: \_\_\_\_\_

**Arrange for each person listed above to sign and seal an *Acknowledgment of Professional in Charge* on the next page.**

**If more space is needed, you may copy this page.**

**ACKNOWLEDGMENT OF PROFESSIONAL IN CHARGE**

I, \_\_\_\_\_, acknowledge that I have been designated as a person in responsible charge of and/or for direct supervision of land surveying services offered or provided in Delaware by the corporation or partnership named above. I understand that the Board must be notified within 30 days if I am no longer associated with or acting in this capacity for this corporation or partnership.

Signature: \_\_\_\_\_

**AFFIX SEAL**

Delaware Land Surveyor License No: **S6-**\_\_\_\_\_

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Signature: \_\_\_\_\_

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Signature: \_\_\_\_\_

**AFFIX SEAL**

Delaware Land Surveyor License No: **S6-**\_\_\_\_\_

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 12-16 weeks to receive your license.

### AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is authorized to apply for a Certificate of Authorization (24 Del. C. §2722) on behalf of the corporation or partnership indicated above, that he/she has read and reviewed the information provided in the *Application for Land Surveying Certificate of Authorization* and that the information and statements contained therein are true and correct, and that he or she understands that providing false information or employing or knowingly cooperating in fraud or material deception in order to be licensed is grounds for DENIAL OF LICENSURE OR DISCIPLINARY ACTION.

The undersigned further affirms that he/she understands that all applicants for a Land Surveying Certificate of Authorization must comply with all State of Delaware tax laws and must not engage in the practice of surveying in Delaware without a valid Certificate of Authorization.

The undersigned further affirms that any change in ownership of the corporation or partnership requires prompt submission of a new application and that any change in the designated professional(s) in charge must be reported to the Board within 30 days of the change.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**SEAL**

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED PROCESSING FEE WILL BE REJECTED.**